



# STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

## PRENEED FUNERAL CONTRACTS

### Mailing Address

P.O. Box 5757  
Columbia, SC 29250-5757

S.C. Code Ann. §§ 32-7-10 et seq.

[www.scconsumer.gov](http://www.scconsumer.gov)

803-734-4236/800-922-1594

### Street Address

3600 Forest Drive, 3<sup>rd</sup> Floor  
Columbia, SC 29204-4406

## AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_ do hereby authorize the release of financial and criminal background information to the South Carolina Department of Consumer Affairs and its agents. I understand that any personal information will be used in regard to the application for a license to sell preneed funeral contracts.

I also understand that this authorization releases the South Carolina Department of Consumer Affairs from any legal action.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Applicant's Social Security Number

SWORN TO AND SUBSCRIBED before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_